P47517 4 PD1 10 4710 11 555								I	Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO								10/804.727				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN LENTITY
TOTAL CLAIMS			5	5				RATE	FEE		BATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI				
TOTAL CHARGEABLE CLAIMS			5 n	5 minus 20=		• /		X\$ 9=	+	OF	Y510	1
INDEPENDENT CLAIMS			1 / 1	minus 3 =	1			X43=	+	7	Vac	1
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT		·			+145=	╁──	-OF		<u> </u>
• 1	the difference	e in column 1 is	s less than :	zero, enter "0" in column 2						JOR	<u> </u>	
/	,) }		TOTAL	<u> </u>	JOR	TOTAL	170					
le	1226	CLAIMS AS (Column 1)	•	- PART II (Column 2) (Column 3)			SMALL	ENTITY	OR	OTHER SMALL	R THAN ENTITY	
AMENDMENT A	<i>Y</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
	Total	1.3	Minus	-2	<u>D</u>	=		X\$ 9=		OR	X\$18=	
AM	Independent	• /	Minus		2_	=/		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.45	1	-		
					•		L	+145=		OR	+290=	
		40.1					A	DDIT. FEE		OR	TOTAL ADDIT: FEE	
		(Column 1)		(Colum		(Column 3)	_			•		
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUMB PREVIOL PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=	Γ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	┢	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR	7.002	
						i	L	+145=		OR	+290=	
	• '	•	•	. •		•	AD	TOTAL DIT, FEE	<u> </u>	OR ,	TOTAL UDDIT, FEE	: .
- 7		(Column 1)		(Column		(Column 3)	•				,	
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ir Isly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=			X\$18=	
	Independent	• .	Minus	***		=	\vdash		•	OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
• H:	the entry in colum	nn 1 is less than th	entry in colu	mn 2 write m	المدّ أوا			145=		OR	+290=	
11	me "Hiduest Mñu	nber Previously Par inber Previously Pa	d For IN THIS	S SPACE in la	ee than	20		TOTAL DIT. FEE		OR A	TOTAL DDIT, FEE	
T	ne *Highest Num	ber Previously Paid	For (Total or	independent	is the	i 3, emer 3. highest number t	ound	in the app	ropriate box			